Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF NEW YORK	_	
Case number (if known)	_ Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's	Dalip First name	First name
	license or passport).	Middle name	Middle name
	Bring your picture identification to your meeting with the trustee.	Singh Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-7650	

Del	otor 1 Dalip Singh		Case number (if known)				
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):				
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.				
	Include trade names and doing business as names	Business name(s)	Business name(s)				
		EINs	EINs				
5.	Where you live		If Debtor 2 lives at a different address:				
		87-15 Pitkin Avenue Ozone Park, NY 11417					
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code				
		Queens					
		County	County				
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.				
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code				
6.	Why you are choosing this district to file for	Check one:	Check one:				
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.				
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)				

Del	otor 1 Dalip Singh					Case number (if known)				
Par	t 2: Tell the Court About	our Bankrı	uptcy Case	е						
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.								
	choosing to file under	■ Chapte	er 7							
		☐ Chapte	er 11							
		☐ Chapte								
		☐ Chapte								
8.	How you will pay the fee	abou orde a pre	ut how you or. If your atterprinted ac	may pay. Typically torney is submitting ddress.	if you are paying the fee y your payment on your bel	ck with the clerk's office in your local court fourself, you may pay with cash, cashier's clash, your attorney may pay with a credit care	neck, or money d or check with			
				he fee in installme in Installments (Offi		ion, sign and attach the Application for Indiv	riduals to Pay			
		☐ I req but is appli	luest that r s not requir ies to your	my fee be waived red to, waive your for family size and you	You may request this option of the control of the c	on only if you are filing for Chapter 7. By law our income is less than 150% of the official in installments). If you choose this option, you icial Form 103B) and file it with your petition	poverty line that ou must fill out			
9.	Have you filed for bankruptcy within the	■ No.								
	last 8 years?	☐ Yes.								
			District _							
			District _		When					
			District _		When	Case number				
10.	Are any bankruptcy cases pending or being	■ No								
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.								
			Debtor _			Relationship to you				
			District _		When	Case number, if known				
			Debtor _			Relationship to you				
			District _		When	Case number, if known				
11.	Do you rent your	■ No.	Go to line	e 12.						
	residence?	☐ Yes.	Has your	landlord obtained	an eviction judgment again	st you?				
			□ N	lo. Go to line 12.						
				es. Fill out <i>Initial S</i> anis bankruptcy petit		Judgment Against You (Form 101A) and fil	e it as part of			

Deb	otor 1 Dalip Singh				Case number (if known)			
Par	Poport About Any Pu	icinoccoc	Vau Own	ac a Sala Brancia	tor			
Гаі	Report About Any Bu	1511165565	Tou Own	as a sole Froprie	loi			
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.				
		☐ Yes.	Name	and location of bus	siness			
	A sole proprietorship is a							
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	of business, if any				
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	er, Street, City, Sta	tte & ZIP Code			
	it to this petition.		Check	the appropriate bo	ox to describe your business:			
	·			Health Care Busin	ness (as defined in 11 U.S.C. § 101(27A))			
				Single Asset Real	I Estate (as defined in 11 U.S.C. § 101(51B))			
				Stockbroker (as d	defined in 11 U.S.C. § 101(53A))			
				Commodity Broke	er (as defined in 11 U.S.C. § 101(6))			
				None of the above	e			
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business	deadlines operation	s. If you in is, cash-fl	ling under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate f you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure . 1116(1)(B).				
	debtor?	■ No.	I am n	ot filing under Chap	pter 11.			
	For a definition of small business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am fi Code.		11, but I am NOT a small business debtor according to the definition in the Bankruptcy			
		☐ Yes.	I am fi	ling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.			
Par	Poport if You Own or	Have Any	. Hazarda	us Proporty or An	ny Property That Needs Immediate Attention			
	Do you own or have any		Tiazaiuo	us i roperty or Air	y Froperty That Needs Infinediate Attention			
	property that poses or is	No.						
	alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is t	he hazard?				
	public health or safety? Or do you own any property that needs immediate attention?			iate attention is why is it needed?				
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	the property?				
	<u> </u>				Number, Street, City, State & Zip Code			

Debtor 1 Dalip Singh Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Deb	otor 1 Dalip Singh			Case number (if)	known)					
Par	t 6: Answer These Quest	ions for Repo	orting Purposes							
16.	What kind of debts do you have?		16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by individual primarily for a personal, family, or household purpose."							
			No. Go to line 16b.							
			Yes. Go to line 17.							
				ss debts? Business debts are debts that nt or through the operation of the busines						
			No. Go to line 16c.							
			Yes. Go to line 17.							
		16c. S	ate the type of debts you owe th	at are not consumer debts or business de	ebts					
17.	Are you filing under Chapter 7?	□ No. I a	am not filing under Chapter 7. Go	o to line 18.						
	Do you estimate that after any exempt property is excluded and administrative expenses	— res. ar	e paid that funds will be availabl	u estimate that after any exempt property e to distribute to unsecured creditors?	is excluded and administrative expenses					
	are paid that funds will		No							
	be available for distribution to unsecured creditors?	L	Yes							
18.	How many Creditors do	1 -49		□ 1,000-5,000	1 25,001-50,000					
	you estimate that you owe?	□ 50-99		5001-10,000	50,001-100,000					
		□ 100-199 □ 200-999		10,001-25,000	☐ More than100,000					
19.	How much do you estimate your assets to	□ \$0 - \$50,		□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion					
	be worth?	□ \$50,001 □ \$100,001		☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million	☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion					
			- \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion					
20.	How much do you estimate your liabilities	\$0 - \$50,		■ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion					
	to be?	□ \$50,001 □ \$100,001		☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million	□ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion					
		\$500,001		□ \$100,000,001 - \$500 million	☐ More than \$50 billion					
Par	t 7: Sign Below									
For	you	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.								
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.								
				represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this have obtained and read the notice required by 11 U.S.C. § 342(b).						
		I request rel	ief in accordance with the chapte	er of title 11, United States Code, specifie	d in this petition.					
		bankruptcy and 3571.	case can result in fines up to \$25	ealing property, or obtaining money or pr 50,000, or imprisonment for up to 20 years	operty by fraud in connection with a s, or both. 18 U.S.C. §§ 152, 1341, 1519,					
		/s/ Dalip S Dalip Sing Signature of	h	Signature of Debtor 2						
		Executed or	November 1, 2019	Executed on						
		504.04 01	MM / DD / YYYY		D / YYYY					

Debtor 1 Dalip Singh		Case number (if known)							
For your attorney, if you are	I, the attorney for the debtor(s) named in thi	s petition, declare that I have	informed the debtor(s) about eligibility to proceed						
represented by one	under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b)								
If you are not represented by an attorney, you do not need to file this page.		es, certify that I have no know	vledge after an inquiry that the information in the						
	/s/ Richard S. Feinsilver	Date	November 1, 2019						
	Signature of Attorney for Debtor		MM / DD / YYYY						
	Richard S. Feinsilver								
	Printed name								
	Richard S. Feinsilver, Esq.								
	Firm name								
	One Old Country Road								
	Suite 125								
	Carle Place, NY 11514								
	Number, Street, City, State & ZIP Code								
	Contact phone 516-873-6330	Email address	feinlawny@yahoo.com						
	rf5531 NY								
	Bar number & State								

Fill in this	s information to identify your	case:				
Debtor 1		00001				
Deptor I	Dalip Singh First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, fi	ing) First Name	Middle Name	Last Name			
	ates Bankruptcy Court for the:	EASTERN DISTRICT C				
United St	dies Bankrupicy Court for the.	LASTERN DISTRICT C	T NEW TORK			
Case nun (if known)	ber				_	c if this is an ded filing
Summ Be as con	plete and accurate as possil n. Fill out all of your schedul	ole. If two married people es first; then complete the	nd Certain Statistica are filing together, both are the information on this form. I	equally responsible for four filling amender	r supplyin	
Part 1:	Summarize Your Assets	new Summary and check	k the box at the top of this pa	ige.		
					Your as	ssets of what you own
1. Sch	edule A/B: Property (Official F copy line 55, Total real estate, f	orm 106A/B) rom Schedule A/B			\$	645,000.00
1b. (Copy line 62, Total personal pro	perty, from Schedule A/B			\$	161,850.00
1c. (copy line 63, Total of all propert	y on Schedule A/B			\$	806,850.00
Part 2:	Summarize Your Liabilities					
						abilities t you owe
	edule D: Creditors Who Have Copy the total you listed in Colu		(Official Form 106D) the bottom of the last page of F	Part 1 of Schedule D	\$	1,085,897.00
	edule E/F: Creditors Who Have Copy the total claims from Part		l Form 106E/F) as) from line 6e of <i>Schedule E/I</i>	F	\$	0.00
3b. (Copy the total claims from Part	2 (nonpriority unsecured c	laims) from line 6j of Schedule	E/F	\$	37,228.00
				Your total liabilities	\$	1,123,125.00
Part 3:	Summarize Your Income and	l Expenses				
	edule I: Your Income (Official For your combined monthly incom		· I		\$	5,000.00
	edule J: Your Expenses (Officia y your monthly expenses from I	,			\$	5,312.00
Part 4:	Answer These Questions for	Administrative and Stat	stical Records			
6. Are □	ou filing for bankruptcy und No. You have nothing to repor	• • •	heck this box and submit this fo	orm to the court with you	ır other sch	nedules.
■ 7. W ha	Yes t kind of debt do you have?					
			debts are those "incurred by an g for statistical purposes. 28 U		a personal,	, family, or
	Your debts are not primarily the court with your other scheo		ve nothing to report on this part	t of the form. Check this	box and s	ubmit this form to
000 - 1 -						

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

Debtor 1	Dalip Singh	Case number (if known)	
	m the Statement of Your Current Monthly Income: Cop A-1 Line 11: OR Form 1228 Line 11: OR Form 122C-1 L		\$ 5,000.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Fill	in this inforn	nation to identify	your case and th	nis filin	g:					Ī		
	tor 1		•									
Deb	tor r	Dalip Singh First Name	Middle	Name		Las	t Name					
	tor 2 use, if filing)	First Name	Middle	Name		Las	t Name					
Unit	ed States Bai	nkruptcy Court for	the: EASTERN	DISTR	ICT OF N	IEW YORI	K					
Cas	e number _											Check if this is an amended filing
~ · ·		4004/5								_		ŭ
		<u>rm 106A/B</u> e A/B: Pr	-									12/15
think infori	it fits best. Be mation. If more er every ques	eparately list and de e as complete and a e space is needed, a tion. Each Residence, Bu	accurate as possible attach a separate sh	e. If two heet to t	married p	people are On the top	filing toget of any add	her, both are litional pages	equally res	ponsible for su	ıpplyi	ng correct
	No. Go to Part		uitable interest in a	iny resid	dence, buil	lding, land	, or similar	property?				
1.1	87-15 Pitki Street address, i	in Avenue if available, or other desc	cription	Wha □ ■	Single-fa	operty? Chamily home or multi-unit	building	ply	the amour	nt of any secure	d clai	or exemptions. Put ms on Schedule D: ecured by Property.
	Ozone Par	rk NY State	11417-0000 ZIP Code		Land Investme	ctured or mo			entire pro	alue of the perty?		rrent value of the rtion you own? \$645,000.00
					U Other (si Who has an interest in the property? Check one		(such as a life esta	escribe the nature of your ownership interest such as fee simple, tenancy by the entireties, or life estate), if known. ee simple				
	Queens					=						
	County				At least or		debtors and	another	(see in	ek if this is com nstructions) ocal	nmun	ity property
				- Tv	vo Famil	ly Dwelli	ing					
		ar value of the po ave attached for l										\$645,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Debte	or 1 D	alip Singh			Case number (if known)		
3. Ca	rs. vans.	trucks, tractors	. sport utility vel	hicles, motorcycles			
		,	,				
	No						
•	Yes						
					Do wat dadoot as		ti Dut
3.1	Make:	Nissan		Who has an interest in the property? Check one	Do not deduct sec the amount of any		
	Model:	NV200		Debtor 1 only	Creditors Who Ha	ve Claims Sec	ured by Property.
	Year:	2014	075000	Debtor 2 only	Current value of		ent value of the
		nate mileage:	275000	Debtor 1 and Debtor 2 only	entire property?	porti	on you own?
	Other in	ormation:		☐ At least one of the debtors and another			
				☐ Check if this is community property (see instructions)	\$4,000).00	\$4,000.00
3.2	Make:	Nissan		Who has an interest in the property? Check one	Do not deduct sed	cured claims or	exemptions. Put
0.2	Model:	Altima		Debtor 1 only	the amount of any Creditors Who Ha		
	Year:	2008		Debtor 1 only			
		nate mileage:	200000	Debtor 1 and Debtor 2 only	Current value of entire property?		ent value of the on you own?
		formation:		☐ At least one of the debtors and another	, , , , ,		,
				☐ Check if this is community property (see instructions)	\$2,000).00	\$2,000.00
				n for all of your entries from Part 2, including that number here			\$6,000.00
Part 3	Descri	be Your Personal a	and Household Ite	ems			
				erest in any of the following items?		portion Do not	nt value of the n you own? deduct secured
E>	<i>(amples:</i> No	goods and furni Major appliances scribe		china, kitchenware		Claims	or exemptions.
_	res. De	scribe					
		M	isc Furniture a	and Small Appliances			\$2,500.00
	,	Televisions and ra	, ,	eo, stereo, and digital equipment; computers, pr edia players, games	rinters, scanners; music c	ollections; el	ectronic devices
	No Yes. De	scribe					
٠ ٠ ٠	llectibles	s of value					
	camples:			prints, or other artwork; books, pictures, or other	er art objects; stamp, coin	or baseball	card collections;
	No						
	Yes. De	scribe					

De	ebtor 1	Dalip Singh			Case number (if known)	
9.	Examples	nt for sports and s: Sports, photogra musical instrum	aphic, exercise, and c	other hobby equipment; bicycle	s, pool tables, golf clubs, skis; canoes	and kayaks; carpentry tools;
	■ No □ Yes. □	Describe				
10.	Firearms		hotguns, ammunition	n, and related equipment		
	■ No	Describe		,		
11.	Clothes Example □ No	es: Everyday cloth	es, furs, leather coats	s, designer wear, shoes, acces	sories	
	Yes. [Describe				
		0	Clothing			\$750.00
12.	□ No	es: Everyday jewel Describe	lry, costume jewelry,	engagement rings, wedding rin	gs, heirloom jewelry, watches, gems, ç	gold, silver
		V	Vatch and Other F	Personal Property		\$1,000.00
	■ No □ Yes. 0	Give specific inforn e dollar value of a	nation	om Part 3, including any entr	ng any health aids you did not list	\$4,250.00
	tor Par	t 3. Write that nui	mber here			Ψ+,230.00
		cribe Your Financia				
Do	o you own	or have any lega	al or equitable intere	est in any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	□ No ´			our home, in a safe deposit box	, and on hand when you file your petiti	on
					Cash	\$100.00
17.	Example			l accounts; certificates of depo ounts with the same institution,	sit; shares in credit unions, brokerage list each.	houses, and other similar
	□ No ■ Yes			Institution name:		
			17.1. Checking	Chase		\$1,500.00
			_			

De	ebtor 1	Dalip Singl	h	Case number (if known)	
10	Pondo	mutual funda	or publishy traded stocks		
10.			s, or publicly traded stocks s, investment accounts with brokera	age firms, money market accounts	
	■ No				
	☐ Yes		Institution or issuer name	e:	
19.	•	ublicly traded : /enture	stock and interests in incorporate	ed and unincorporated businesses, including an intere	st in an LLC, partnership, and
	■ No				
	_	Give specific i	nformation about them		
			Name of entity:	% of ownership:	
20	Govern	nment and cor	norate honds and other negotiah	le and non-negotiable instruments	
20.				s' checks, promissory notes, and money orders.	
	Non-n	egotiable instru	ments are those you cannot transfe	r to someone by signing or delivering them.	
	■ No				
	☐ Yes.	Give specific in	formation about them		
			Issuer name:		
21.	Retirer	ment or pension	on accounts		
-), thrift savings accounts, or other pension or profit-sharing	plans
	■ No				
	☐ Yes.	List each acco		the state of	
			Type of account:	Institution name:	
22.			d prepayments		
				you may continue service or use from a company c utilities (electric, gas, water), telecommunications compa	nice or others
	■ No	bles. Agreemen	its with landiords, prepaid rent, publi	c duffiles (electric, gas, water), telecommunications compa	riles, or others
				Institution name or individual:	
	— 103.				
23.		t ies (A contract	for a periodic payment of money to	you, either for life or for a number of years)	
	■ No				
	☐ Yes		Issuer name and description.		
24.	Interest	ts in an educa	tion IRA, in an account in a qualif	ied ABLE program, or under a qualified state tuition pr	ogram.
		C. §§ 530(b)(1)	, 529A(b), and 529(b)(1).		_
	■ No				
	☐ Yes		Institution name and description. Se	parately file the records of any interests.11 U.S.C. § 521(c)):
25.	Trusts	, equitable or f	uture interests in property (other	than anything listed in line 1), and rights or powers ex	ercisable for your benefit
	■ No	,	h : h : 3 (, , , , , , , , , , , , , , , , , , ,	•
		Give specific i	nformation about them		
00	Datant			han intellectual managets.	
26.			trademarks, trade secrets, and ot omain names, websites, proceeds fr	om royalties and licensing agreements	
	■ No		, , , ,	, 5 5	
	☐ Yes.	Give specific i	nformation about them		
~ -					
27.			, and other general intangibles ermits, exclusive licenses, cooperation	ive association holdings, liquor licenses, professional licens	ses
	□ No	2.00. 2 aag p		a accordance	
	Yes.	Give specific i	nformation about them		
			NYC Taxi Medallion	6C86	\$150,000.00
M	oney or	property owed	l to you?		Current value of the
					portion you own? Do not deduct secured
					claims or exemptions.

De	ebtor 1	Dalip Singh	Case number (if known)	
28.	Tax re ■ No	funds owed to you		
		Give specific information about them, including whether you already file	d the returns and the tax years	
29.		r support ples: Past due or lump sum alimony, spousal support, child support, mai	ntenance, divorce settlement, property	settlement
	■ No □ Yes.	Give specific information		
30.	Exam	amounts someone owes you ples: Unpaid wages, disability insurance payments, disability benefits, significant benefits; unpaid loans you made to someone else	ck pay, vacation pay, workers' compe	nsation, Social Security
	■ No □ Yes.	Give specific information		
31.		sts in insurance policies ples: Health, disability, or life insurance; health savings account (HSA); or	credit, homeowner's, or renter's insurar	nce
	_	Name the insurance company of each policy and list its value. Company name:	Beneficiary:	Surrender or refund value:
32.	If you	terest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance one has died.	e policy, or are currently entitled to rece	eive property because
	_	Give specific information		
33.		s against third parties, whether or not you have filed a lawsuit or maples: Accidents, employment disputes, insurance claims, or rights to sue		
	■ No □ Yes.	Describe each claim		
34.	_	contingent and unliquidated claims of every nature, including coun	terclaims of the debtor and rights to	set off claims
	■ No □ Yes.	Describe each claim		
35.	Any fii ■ No	nancial assets you did not already list		
		Give specific information		
36		the dollar value of all of your entries from Part 4, including any entr art 4. Write that number here		\$151,600.00
Pa	rt 5: De	escribe Any Business-Related Property You Own or Have an Interest In. List a	any real estate in Part 1.	
_		own or have any legal or equitable interest in any business-related property?	?	
		o to Part 6. Go to line 38.		
	⊔ Yes. (50 to line 38.		
Pa		escribe Any Farm- and Commercial Fishing-Related Property You Own or Havou own or have an interest in farmland, list it in Part 1.	ve an Interest in.	
46.	Do you	u own or have any legal or equitable interest in any farm- or comme	rcial fishing-related property?	
	_	Go to Part 7.		
	⊔ Yes	s. Go to line 47.		
Pa	rt 7:	Describe All Property You Own or Have an Interest in That You Did Not Lis	st Above	

Debtor '	Dalip Singh		Case number (if known)	
	you have other property of any kind you did not already list? amples: Season tickets, country club membership			
■ No	0			
☐ Ye	es. Give specific information			
54. Ad	ld the dollar value of all of your entries from Part 7. Write tha	t number here		\$0.00
Part 8:	List the Totals of Each Part of this Form			
55. Pa	rt 1: Total real estate, line 2			\$645,000.00
56. Pa	rt 2: Total vehicles, line 5	\$6,000.00		
57. Pa	rt 3: Total personal and household items, line 15	\$4,250.00		
58. Pa	rt 4: Total financial assets, line 36	\$151,600.00		
59. Pa	rt 5: Total business-related property, line 45	\$0.00		
60. Pa	rt 6: Total farm- and fishing-related property, line 52	\$0.00		
61. Pa	rt 7: Total other property not listed, line 54 +	\$0.00		
62. To	tal personal property. Add lines 56 through 61	\$161,850.00	Copy personal property total	al \$161,850.00
63. To	tal of all property on Schedule A/B. Add line 55 + line 62			\$806,850.00

						_				
Fi	ll in this informa	ation to identify your ca	ase:							
De	ebtor 1	Dalip Singh								
D -	.h O	First Name	Middle Name	L	ast Name					
	ebtor 2 oouse if, filing)	First Name	Middle Name	L	ast Name					
Ur	nited States Bank	cruptcy Court for the:	EASTERN DISTRICT OF N	EW Y	ORK					
Ca	ase number									
	known)						Check if this is an amended filing			
\sim	#:a:al ⊏a#	1000				_	amenaea ming			
	fficial For		porty Vou Cla	im	as Evomnt		4/40			
<u> </u>	Criedule	C. IIIe Più	perty You Cla	11111	i as Exempt		4/19			
the nee cas	property you list eded, fill out and se number (if kno r each item of p	ed on <i>Schedule A/B: Pr</i> attach to this page as m wn). roperty you claim as e	operty (Official Form 106A/B) any copies of Part 2: Addition xempt, you must specify th) as yo nal Pa	ther, both are equally responsible for source, list the property that you age as necessary. On the top of any pount of the exemption you claim. If market value of the property be	claim as exadditional p	kempt. If more space is bages, write your name and f doing so is to state a			
any fun exe	y applicable stands—may be un emption to a parthe applicable s	tutory limit. Some exer limited in dollar amour ticular dollar amount a tatutory amount.	mptions—such as those for nt. However, if you claim an and the value of the proper	r heal n exen	in flarket value of the property be th aids, rights to receive certain b nption of 100% of fair market valu determined to exceed that amoun	enefits, an e under a l	d tax-exempt retirement law that limits the			
Pa	Identify	the Property You Clair	m as Exempt							
1.	Which set of e	xemptions are you cla	iming? Check one only, eve	en if yo	our spouse is filing with you.					
	You are clai	ming state and federal n	onbankruptcy exemptions.	11 U.S	S.C. § 522(b)(3)					
	☐ You are clai	ming federal exemptions	s. 11 U.S.C. § 522(b)(2)							
2.	For any prope	For any property you list on <i>Schedule A/B</i> that you claim as exempt, fill in the information below.								
		n of the property and line	on Current value of the	Am	ount of the exemption you claim	Specific la	aws that allow exemption			
	Schedule A/B th	at lists this property	portion you own Copy the value from Schedule A/B	Che	eck only one box for each exemption.					
		Avenue Ozone Park			\$170,825.00	NYCPLE	R § 5206			
	- Two Family Line from Sche	Dwelling			100% of fair market value, up to any applicable statutory limit					
	2014 Nissan	NV200 275000 miles	\$4,000.00		\$4,000.00	NYCPLE	R § 5205(a)(8)			
	Line nom <i>Sch</i> e	dule AVB. 3.1			100% of fair market value, up to any applicable statutory limit					
	Misc Furnitu	re and Small Applia	nces \$2,500.00		\$2,500.00	NYCPL	R § 5205(a)(5)			
	Emo mom com	dale 7 V D. 411			100% of fair market value, up to any applicable statutory limit					
	Clothing Line from Sche	dulo A/P: 11 1	\$750.00		\$750.00	NYCPL	R § 5205(a)(5)			
	Line noin <i>Sch</i> e	GUIO AV D. 11.1			100% of fair market value, up to any applicable statutory limit					
	Watch and C	other Personal Propo	erty \$1,000.00		\$1,000.00	NYCPLE	R § 5205(a)(6)			
		uuiu / v D == ! !								

Official Form 106C

☐ 100% of fair market value, up to any applicable statutory limit

Del	otor 1	Dalip Singh		Case number (if known)						
		ief description of the property and line on chedule A/B that lists this property		nt value of the on you own	Amount of the exemption you claim S		Specific laws that allow exemption			
				Copy the value from Check only one box for each exemption. Schedule A/B						
		Checking: Chase ine from Schedule A/B: 17.1		\$1,500.00		NYCPLR § 5205(d)(2)				
	Lille	Tom Schedule A/B. Tr.T				100% of fair market value, up to any applicable statutory limit				
3.	(Subj	ou claiming a homestea ect to adjustment on 4/01/ No				led on or after the date of adjustmer	nt.)			
	•	Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this cas					?			
	ı	No								
	I	☐ Yes								

Fill in this information to identify	your case:				
Debtor 1 Dalip Singh First Name	Middle Name	Last Name		-	
Debtor 2				_	
(Spouse if, filing) First Name	Middle Name	Last Name			
United States Bankruptcy Court for	the: EASTERN DISTRICT OF NEV	N YORK		_	
Casa number					
Case number(if known)				☐ Check	if this is an
				amend	led filing
O## 14 F 400D					
Official Form 106D		_			
Schedule D: Credito	ors Who Have Claims	Secured	l by Propert	У	12/15
	ible. If two married people are filing toget ill it out, number the entries, and attach i				
1. Do any creditors have claims secure	ed by your property?				
☐ No. Check this box and sub	mit this form to the court with your othe	er schedules. Yo	ou have nothing else	to report on this form.	
Yes. Fill in all of the informa	tion below		· ·	·	
<u> </u>			Column A	Column B	Column C
for each claim. If more than one credito	has more than one secured claim, list the cr or has a particular claim, list the other credito abetical order according to the creditor's nar	ors in Part 2. As	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 ASPIRE FCU	Describe the property that secures	the claim:	\$626,000.00	\$150,000.00	\$476,000.00
Creditor's Name	NYC Taxi Medallion 6C86				
07 WALNUT 078FF7					
67 WALNUT STREET SUITE 401	As of the date you file, the claim is	: Check all that			
CLARK, NJ 07066	apply. Contingent				
Number, Street, City, State & Zip Code	Unliquidated				
	☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
■ Debtor 1 only	An agreement you made (such as	s mortgage or sec	ured		
Debtor 2 only	car loan)				
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, me	echanic's lien)			
At least one of the debtors and anoth	_ ~				
☐ Check if this claim relates to a community debt	☐ Other (including a right to offset)				
Date debt was incurred 1/1/2014	Last 4 digits of account nun	nber 6C86			
2.2 NEWREZ	Describe the property that secures	the claim:	\$459,897.00	\$645,000.00	\$0.00
Creditor's Name	87-15 Pitkin Avenue Ozone		ψ+05,051.00	Ψ0+0,000.00	Ψ0.00
	11417 Queens County				
	- Two Family Dwelling				
55 BEATTIE PLACE	As of the date you file, the claim is apply.	Check all that			
GREENVILLE, SC 29601	Contingent				
Number, Street, City, State & Zip Code	☐ Unliquidated				
	☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only	An agreement you made (such as	s mortgage or sec	ured		
Debtor 2 only	car loan)				
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, me	echanic's lien)			
At least one of the debtors and anoth	•				
☐ Check if this claim relates to a community debt	☐ Other (including a right to offset)				
Date debt was incurred 1/1/2013	Last 4 digits of account nun	nber 2854			

Official Form 106D

Debtor 1	[」] Dalip Singh			Case number (if known)
	First Name	Middle Name	Last Name	
If this i	•		this page. Write that number here: lue totals from all pages.	\$1,085,897.00 \$1,085,897.00
Part 2:	List Others to Be N	lotified for a Debt Th	at You Already Listed	
Use this trying to than one	page only if you have collect from you for a	others to be notified abo debt you owe to someo debts that you listed in	out your bankruptcy for a debt tha	t you already listed in Part 1. For example, if a collection agency is and then list the collection agency here. Similarly, if you have more s here. If you do not have additional persons to be notified for any
	ame, Number, Street, Ci	ty, State & Zip Code	0	n which line in Part 1 did you enter the creditor?
_	OX 5452 IT LAUREL, NJ 08	054	La	ast 4 digits of account number
	ame, Number, Street, Ci	• •	0	n which line in Part 1 did you enter the creditor?
S	25 BROADHOLLO UITE 132W IELVILLE, NY 117		La	st 4 digits of account number
W	ame, Number, Street, Ci		0	n which line in Part 1 did you enter the creditor?
-	56 WEST 56TH ST Y, NY 10019	REET	La	ast 4 digits of account number

Fill in th	is information to identify your	case:					
Debtor 1	Dalip Singh						
	First Name	Middle Name	Last	Name		_	
Debtor 2		AC: 1 11 A1					
(Spouse if,	filing) First Name	Middle Name	Last	Name			
United S	tates Bankruptcy Court for the:	EASTERN DISTRI	CT OF NEW YOR	RK			
Case nu	mher						
(if known)							heck if this is an
						a	mended filing
Officio	Form 106E/E						
	<u> Form 106E/F</u> 	Wha Hava IIna	soured Cla	ima			10/15
	Iule E/F: Creditors V					4 NONDRIGHTY 11	12/15
Schedule Schedule left. Attacl	tory contracts or unexpired lease G: Executory Contracts and Unex D: Creditors Who Have Claims Se n the Continuation Page to this pa case number (if known).	pired Leases (Official F cured by Property. If mo	orm 106G). Do not ore space is neede	include a d, copy tl	ny creditors with pa ne Part you need, fill	rtially secured claims it out, number the en	that are listed in tries in the boxes on the
Part 1:	List All of Your PRIORITY U	nsecured Claims					
1. Do ar	ny creditors have priority unsecur	ed claims against you?					
■ No	o. Go to Part 2.						
☐ Ye	es.						
Dowt Or	List All of Varm MONDDIODI	TV II management Claims	_				
Part 2:	List All of Your NONPRIORI						
_	ny creditors have nonpriority unse						
∐ N∈	o. You have nothing to report in this	part. Submit this form to	the court with your of	ther sche	dules.		
■ Ye	es.						
unsed	all of your nonpriority unsecured of cured claim, list the creditor separate one creditor holds a particular claim, 2.	ly for each claim. For each	ch claim listed, identi	ify what ty	pe of claim it is. Do no	ot list claims already inc	luded in Part 1. If more
							Total claim
4.1	CAPITAL ONE	Last 4	digits of account n	number	0755		\$3,430.00
	Nonpriority Creditor's Name						
	BOX 30281		was the debt incur	red?	1/1/2015		-
	SALT LAKE CITY, UT 8413 Number Street City State Zip Code		the date you file, the	e claim is	: Check all that apply		
١	Who incurred the debt? Check one						
ı	Debtor 1 only	☐ Cor	ntingent				
I	Debtor 2 only		liquidated				
	Debtor 1 and Debtor 2 only	☐ Dis					
I	At least one of the debtors and a	nother Type o	of NONPRIORITY ur	nsecured	claim:		
I	☐ Check if this claim is for a con	nmunity	ident loans				
•	debt	☐ Obl		of a separ	ation agreement or di	vorce that you did not	
_	s the claim subject to offset?		as priority claims				
	No			-	plans, and other sim	ılar debts	
[☐ Yes	■ Oth	ner. Specify Cred	it card			

Debte	or 1 Dalip Singh		Case number (if known)	
4.2	CITI CARDS	Last 4 digits of account number	4344	\$9,764.00
	Nonpriority Creditor's Name PO BOX 6241	When was the debt incurred?	1/1/2018	
	SIOUX FALLS, SD 57117 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	rie of the date you me, the claim	o. Onook an anat appry	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	,	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit card		
4.3	CITIZENS BANK	Last 4 digits of account number	0537	\$867.00
	Nonpriority Creditor's Name 1000 LAFAYETTE BLVD BRIDGEPORT, CT 06604	When was the debt incurred?	1/1/2010	
	Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.	•	,	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing		
	Yes	Other. Specify Credit card		
4.4	CITIZENS BANK	Last 4 digits of account number	8148	\$519.00
	Nonpriority Creditor's Name	When we dhe debt in some 10	4/4/0045	
	1000 LAFAYETTE BLVD BRIDGEPORT, CT 06604	When was the debt incurred?	1/1/2015	
	Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	☐ Debts to pension or profit-sharin		
	Yes	Other. Specify Credit card		

Debtor	Dalip Singh	Case number (if known)					
4.5	CREDIT ONE	Last 4 digits of account number	2798	\$498.00			
	Nonpriority Creditor's Name BOX 98873	When was the debt incurred?	hen was the debt incurred? 1/1/2018				
	LAS VEGAS, NV 89193 Number Street City State Zip Code	As of the date you file, the claim i	is. Check all that apply				
	Who incurred the debt? Check one.	As of the date you me, the dam'r	S. Oncor all that apply				
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	□ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts				
	☐ Yes	Other Specify Credit card		-			
4.6	OLIO	Last 4 digits of account number	3441	\$1,883.00			
	Nonpriority Creditor's Name BOX 9222 OLD BETHPAGE, NY 11804	When was the debt incurred?	1/1/2018				
	Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply				
	Who incurred the debt? Check one.						
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts				
	☐ Yes	■ Other Specify Credit card					
4.7	TD BANK	Last 4 digits of account number	2640	£2.067.00			
4.7	Nonpriority Creditor's Name	Last 4 digits of account number	2618	\$2,967.00			
	32 CHESTNUT STREET LEWISTON, ME 04240	When was the debt incurred?	1/1/2016				
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply				
	Who incurred the debt? Check one.						
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated ☐ Disputed					
	☐ Debtor 1 and Debtor 2 only						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	No	☐ Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	■ Other. Specify Credit card					

Debtor	1 Dalip Singh		Case number (if known)	
4.8	WEBBANK Nonpriority Creditor's Name	Last 4 digits of account number	3542	\$17,300.00
	215 SOUTH STATE STREET SALT LAKE CITY, UT 84111	When was the debt incurred?	1/1/2017	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	☐ Yes	Other. Specify Loan		

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
Total	6f.	Student loans	6f.	\$ 0.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 37,228.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 37,228.00

Fill in this inform						
Debtor 1	Dalip Singh					
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court for the:	EASTERN DISTRICT C	F NEW YORK			
Case number					п	Check if this is an
						amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with Name, Number	whom you have the r, Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.3					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.5					
	Name				
	Number	Street			
	City		State	ZIP Code	_

Official Form 106G

Fill in this i	nformation to identify your	case:		
Debtor 1	Dalip Singh			
Debtor 2	First Name	Middle Name	Last Name	
(Spouse if, filing	g) First Name	Middle Name	Last Name	
United State	es Bankruptcy Court for the:	EASTERN DISTRICT C	OF NEW YORK	
Case numb (if known)	er			☐ Check if this is an amended filing
	Form 106H ule H: Your Cod	ebtors		12/15
people are f fill it out, an your name a	iling together, both are equ	ally responsible for supple boxes on the left. Attacle. Answer every question	plying correct informat h the Additional Page to	s complete and accurate as possible. If two married ion. If more space is needed, copy the Additional Page, o this page. On the top of any Additional Pages, write as a codebtor.
`	ou have unly obdebtore. (ii)	you are ming a joint oace,	do not list office speace	as a codestor.
■ No □ Yes				
Arizona No. 0	in the last 8 years, have you n, California, Idaho, Louisiana, Go to line 3. Did your spouse, former spou	Nevada, New Mexico, Pu	uerto Rico, Texas, Washi	ry? (Community property states and territories include ington, and Wisconsin.)
in line : Form 1	2 again as a codebtor only i	f that person is a guaran	ntor or cosigner. Make s	if your spouse is filing with you. List the person shown sure you have listed the creditor on Schedule D (Officia 16G). Use Schedule D, Schedule E/F, or Schedule G to fi
	Column 1: Your codebtor ame, Number, Street, City, State and ZI	P Code		Column 2: The creditor to whom you owe the debt Check all schedules that apply:
_	lame			☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line ☐ Schedule G, line
	lumber Street ity	State	ZIP Code	
3.2 _N	lame			☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line
	lumber Street ity	State	ZIP Code	_

Fill	in this information to identify your	case:							
Del	otor 1 Dalip Singh	1			_				
	otor 2 suse, if filing)				_				
Uni	ted States Bankruptcy Court for th	e: EASTERN DISTRICT	OF NEW YORK		_				
_	se number		-				nt showing	postpetition	
O.	fficial Form 106I				_			lowing date:	
	chedule I: Your Inc	ome			ין	MM / DD/ Y	YYY		12/15
sup spo atta	as complete and accurate as posplying correct information. If you use. If you are separated and you have a separate sheet to this form Describe Employment	u are married and not filli ur spouse is not filing wi . On the top of any additi	ng jointly, and you	ur spouse i: :lude inforn	s living with nation abou	you, inclu t your spo	ide informa use. If moi	ation about re space is	your needed,
1.	Fill in your employment information.		Debtor 1			Debtor 2	or non-fili	ng spouse	
	If you have more than one job,	Employment status	■ Employed			☐ Emplo	yed		
	attach a separate page with information about additional	Employment status	☐ Not employed			☐ Not employed			
	employers.	Occupation	Taxi Driver						
	Include part-time, seasonal, or self-employed work.	Employer's name	Self						
	Occupation may include student or homemaker, if it applies.	Employer's address	Ozone Park, N	NY 11417					
		How long employed to	here? 6 yea	ırs					
Par	t 2: Give Details About Mo	onthly Income							
	mate monthly income as of the ouse unless you are separated.	date you file this form. If	you have nothing to	o report for a	any line, writ	e \$0 in the	space. Incl	ude your no	n-filing
	u or your non-filing spouse have n e space, attach a separate sheet to		ombine the informa	tion for all e	mployers for	that perso	n on the line	es below. If	you need
					For De	btor 1	For Debt	tor 2 or g spouse	
2.	List monthly gross wages, sal deductions). If not paid monthly			2.	\$3	3,500.00	\$	N/A	
3.	Estimate and list monthly over	rtime pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gross Income. Add I	ine 2 + line 3.		4.	\$3,5	00.00	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Dalip Singh	_	Case	number (if known)			
				For	Debtor 1		Debtor 2 or	
	Cor	by line 4 here	4.	\$	3,500.00	non	-filing spouse N/A	
	Col	by line 4 here	4.	Φ_	3,500.00	Φ	IN/A	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$_	0.00	\$	N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$_	0.00	\$_	N/A	
	5e.	Insurance	5e.	\$_	0.00	\$_	N/A	
	5f.	Domestic support obligations	5f.	\$_	0.00	\$_	N/A	
	5g. 5h.	Union dues Other deductions. Specify:	5g. 5h.+	- \$ - \$	0.00	+ \$-	N/A	
_		· · · · · · · · · · · · · · · · · · ·	_	· —		· -	N/A	
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$ _	0.00	\$_	N/A	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	3,500.00	\$_	N/A	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total						
		monthly net income.	8a.	\$	1,500.00	\$	N/A	
	8b.	Interest and dividends	8b.	\$	0.00	\$	N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$_	0.00	\$	N/A	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	N/A	
	8e.	Social Security	8e.	\$	0.00	\$	N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.	\$_	0.00	\$	N/A	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	N/A	
	8h.	Other monthly income. Specify:	8h.+	- \$_	0.00	+ \$	N/A	
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,500.00	\$_	N/A	
10.		culate monthly income. Add line 7 + line 9. I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		5,000.00 + \$		N/A = \$	5,000.00
11.	Incl othe Do	te all other regular contributions to the expenses that you list in <i>Schedule</i> ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depen	•	•	•	Schedule J. 11. +\$	0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certailies						5,000.00
							Combin	
13.	Do	you expect an increase or decrease within the year after you file this form No.	?				monthly	income
		Yes. Explain:						

Official Form 106l Schedule I: Your Income page 2

Debtor 1 Dalip Singh Dettor 2 Scoces, filting) United States Bankruptcy Count for the: EASTERN DISTRICT OF NEW YORK Official Form 106J Schedule J: Your Expenses 12/15 Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. The strike a joint case? No. Go to line 2. Yes. Dee behor 2 live in a separate household? No. Go to line 2. Yes. Dee behor 2 live in a separate household? No. Do not list Debtor 1 and Pyes. Ploan this information for each dependents? No. Do not list Debtor 1 and Pyes. Ploan this information for each dependents relationship to behor? No. Do not list Debtor 1 and Pyes. Ploan this information for each dependents approached to the line information for each dependents names. No. Do your expenses and your bankruptcy lifting date unless you are using this form as a supplement in a Chapter 13 case to report or public value of such assistance and have included it on Schedule I. Your Income (Official Form details) lifting date unless you are using this form as a supplement in a Chapter 13 case to report or public value of such assistance and have included it on Schedule I. Your Income (Official Form details) lifting date unless you are using this form as a supplement in a Chapter 13 case to report or public value. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I. Your Income (Official Form details) lifting date unless you are using this form as a supplement in a Chapter 13 case to report or Debtor 2. 1. The rental or home ownership expenses for your residence. Include first mortgage payments and any vent for the ground or lot. 1. The rental or home ownership expenses for your residence, such as home equity loans. 1. A sequence of the filling	Fill	in this information to identify your case:				
A supplement showing postpetition chapter 13 expenses as of the following date:	Deb	Dalip Singh				
United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK Case number (Il known) Official Form 106J Schedule J: Your Expenses Be as complete and accurate as possible, if two married people are filling together, both are equally responsible for supplying correct information, if more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Parts: Describe Your Household 1. Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a separate household? No. Go to line 2. Do not list Debtor 1 and Yes. Fill out this information for each dependents? Do not state the dependents names. Do not state the dependents names. No. Yes. Do not state the dependents names. No. Yes. Do your expenses include expenses for Separate Household of Debtor 2. Estimate Your Ongoing Monthly Expenses Estimate	Deb	otor 2		_ A	supplement show	
Case number (If known) Commonship Commo	(Spo	ouse, if filing)		1	3 expenses as of t	he following date:
Official Form 106J Schedule J: Your Expenses Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part : Describe Your Household Is this a joint case? No. Go to line 2. Yes. Debtor 2 live in a separate household? No Pes. Debtor 2 live in a separate household? No Do not list Debtor 1 and Pes. Fill out this information for Behard 1 or Debtor 2. Do you have dependents? No Do not list Debtor 1 and Pes. Fill out this information for Behard 1 or Debtor 2. Do not state the dependents names. No Yes. Do your expenses include expenses as of people other than yourself and your dependents? Stiffmate Your coppenses as of your bankruptcy liling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. S 0.00 Add. Home maintenance, repair, and upkeep expenses 4d. Benowner's association or condominism does Add. Home maintenance, repair, and upkeep expenses	Unit	ted States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YO	ORK	N	MM / DD / YYYY	
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. The content of the con						
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information, if more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Ratt Describe Your Household						
information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known), Answer every question. Pat Describe Your Household						
1. Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents? No Do not list Debtor 1 and Debtor 2. Do not state the dependents names. Fill out this information for Debtor 1 or Debtor 2 Do not state the dependents names. No Yes. No No Yes. Fill out this information for Debtor 2 better 1 or Debtor 2 Do not state the dependent names. No Yes The third of the bankruptcy is filled. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses apid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106i.) If not included in line 4: 4a. Real estate taxes 4b. \$ 0.00 No 125.00 No 125.	info	ormation. If more space is needed, attach another sheet to this f				
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Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents? No Dependent's relationship to Debtor 1 and Debtor 1 and Debtor 1. Do not list Debtor 1 and Debtor 2. Do not state the dependents names. Debtor 1 or Debtor 2 Debtor 1 or Debtor		<u> </u>				
2. Do you have dependents? No		— · · · ·	for Separate House	hold of Debto	or 2.	
Do not list Debtor 1 and Debtor 2. Do not state the dependents names. Do not state the dependents names. Do not state the dependents names. Do your expenses include expenses of people other than yourself and your dependents? Stimate Your Ongoing Monthly Expenses Estimate Your Expenses as of your bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4. Real estate taxes 4a. \$		•				
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3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4. Real estate taxes 4a. \$ 2,932.00 If not included in line 4: 4a. Real estate taxes 4a. \$ 0.00 4b. Property, homeowner's, or renter's insurance 4c. \$ 0.00 4d. Home maintenance, repair, and upkeep expenses 4d. \$ 0.00 4d. Homeowner's association or condominium dues						
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Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. \$ 0.00 4d. Homeowner's association or condominium dues	3.	expenses of people other than				Li Tes
expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106L) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4. \$ 2,932.00 If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. \$ 0.00 4d. Homeowner's association or condominium dues	Par	t 2: Estimate Your Ongoing Monthly Expenses				
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4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. \$ 0.00 4d. Homeowner's association or condominium dues	the	value of such assistance and have included it on Schedule I: Y			Your expe	nses
payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues 4. \$ 2,932.00 4a. \$ 0.00 4b. \$ 0.00 4c. Homeowner's association or condominium dues 4d. \$ 0.00	(Uľ	nciai Foliii 1001.)			тош ехре	
4a.Real estate taxes4a.\$0.004b.Property, homeowner's, or renter's insurance4b.\$0.004c.Home maintenance, repair, and upkeep expenses4c.\$125.004d.Homeowner's association or condominium dues4d.\$0.00	4.	• • •	nclude first mortgage	4. \$		2,932.00
4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues 4d. \$ 0.00 125.00 10.00		If not included in line 4:				
4c.Home maintenance, repair, and upkeep expenses4c.\$4d.Homeowner's association or condominium dues4d.\$		4a. Real estate taxes		4a. \$		0.00
4d. Homeowner's association or condominium dues 4d. \$ 0.00		· ·				
	5.		ne equity loans			

Debtor 1	Dalip Si	ngh	Case num	ber (if known)	
6. Utili	ities:				
6a.		, heat, natural gas	6a.	\$	275.00
6b.		wer, garbage collection	6b.	· · · · · · · · · · · · · · · · · · ·	65.00
6c.		e, cell phone, Internet, satellite, and cable services	6c.		200.00
6d.	Other. Sp	· · · · · · · · · · · · · · · · · · ·	6d.	·	0.00
		ekeeping supplies	7.	·	440.00
		children's education costs	8.	\$	0.00
		lry, and dry cleaning	9.	\$	
	-	products and services	10.	\$	100.00 125.00
	-	ntal expenses	10.		
		•	11.	Φ	65.00
		Include gas, maintenance, bus or train fare. ar payments.	12.	\$	460.00
		clubs, recreation, newspapers, magazines, and bool		·	160.00
		tributions and religious donations	14.	·	0.00
		inbutions and religious donations	14.	Φ	0.00
	irance. not include ir	nsurance deducted from your pay or included in lines 4 o	r 20		
	. Life insura	, , ,	1 20. 15a.	\$	0.00
	. Health ins		15a. 15b.	·	0.00
			150. 15c.	·	
	. Vehicle in				115.00
		urance. Specify:	15d.	\$	0.00
		nclude taxes deducted from your pay or included in lines		c	050.00
		err Inc Tax	16.	\$	250.00
		ease payments:	170	¢.	0.00
		ents for Vehicle 1	17a.		0.00
		ents for Vehicle 2	17b.		0.00
	. Other. Sp		17c.	·	0.00
	. Other. Sp	·	17d.	\$	0.00
		of alimony, maintenance, and support that you did r		¢.	0.00
		your pay on line 5, Schedule I, Your Income (Official		· ———	
		s you make to support others who do not live with yo		\$	0.00
•	cify:		19.	_	
		erty expenses not included in lines 4 or 5 of this forr			
		s on other property	20a.		0.00
	. Real estat		20b.	· ·	0.00
20c.	. Property,	homeowner's, or renter's insurance	20c.		0.00
20d	. Maintenar	nce, repair, and upkeep expenses	20d.	\$	0.00
20e	. Homeown	er's association or condominium dues	20e.	\$	0.00
. Oth	er: Specify:		21.	+\$	0.00
				·	0.00
	-	monthly expenses			
	. Add lines 4	•		\$	5,312.00
22b	. Copy line 2	2 (monthly expenses for Debtor 2), if any, from Official F	orm 106J-2	\$	
22c.	. Add line 22	a and 22b. The result is your monthly expenses.		\$	5,312.00
					-77
		monthly net income.	_	•	_
		12 (your combined monthly income) from Schedule I.	23a.		5,000.00
23b	. Copy you	r monthly expenses from line 22c above.	23b.	-\$	5,312.00
23c.		your monthly expenses from your monthly income.	224	\$	-312.00
	The result	is your monthly net income.	23c.	Ψ	-312.00
4 D		on lineages or degrees in company or with the dis-	veen effective the file (I.)	· farm?	
		an increase or decrease in your expenses within the ou expect to finish paying for your car loan within the year or do we			rease or decrease because o
		terms of your mortgage?	ou expect your mortgage	payment to Mici	case of decrease because o
■ N		,			
		Fundain have			
	res.	Explain here:			

Fill in this infor	rmation to identify your	case:			
Debtor 1	Dalip Singh				
Dobtor 2	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	F NEW YORK		
Case number					
(if known)				☐ Check if this amended fili	
Official For	m 106Dec				
Declarat	tion About a	an Individual	Debtor's Sche	edules	12/15
btaining mone		in connection with a bank		king a false statement, concealing pro les up to \$250,000, or imprisonment fo	
obtaining mone rears, or both. 1	y or property by fraud in	in connection with a bank			
obtaining mone years, or both. 1	ey or property by fraud in 18 U.S.C. §§ 152, 1341, 1 In Below	in connection with a bank 1519, and 3571.		es up to \$250,000, or imprisonment fo	
obtaining mone years, or both. 1	ey or property by fraud in 18 U.S.C. §§ 152, 1341, 1 In Below	in connection with a bank 1519, and 3571.	ruptcy case can result in fin	es up to \$250,000, or imprisonment fo	
bbtaining mone years, or both. 1 Sig Did you pa	ey or property by fraud in 18 U.S.C. §§ 152, 1341, 1 In Below	in connection with a bank 1519, and 3571.	ruptcy case can result in fin	es up to \$250,000, or imprisonment fo	r up to 20
Did you pa No Ves. Under pena	ey or property by fraud in 18 U.S.C. §§ 152, 1341, 1 gn Below ay or agree to pay some	in connection with a bank 1519, and 3571. eone who is NOT an attor	ruptcy case can result in fin	ruptcy forms? Attach Bankruptcy Petition Prepare Declaration, and Signature (Official	r up to 20
Did you pa No Ves. Under pena	y or property by fraud in 18 U.S.C. §§ 152, 1341, 1 yn Below ay or agree to pay some Name of person alty of perjury, I declare re true and correct.	in connection with a bank 1519, and 3571. eone who is NOT an attor	ney to help you fill out bankr	ruptcy forms? Attach Bankruptcy Petition Prepare Declaration, and Signature (Official	r up to 20
Did you pa Did you pa No Ves. Under penathat they ar X /s/ Dalip 5	y or property by fraud in 18 U.S.C. §§ 152, 1341, 1 yn Below ay or agree to pay some Name of person alty of perjury, I declare re true and correct.	in connection with a bank 1519, and 3571. eone who is NOT an attor	ruptcy case can result in finding	ruptcy forms? Attach Bankruptcy Petition Prepare Declaration, and Signature (Official	r up to 20

Official Form 106Dec

Fil	l in this inf	formation to identify you	r case:			
De	btor 1	Dalip Singh				
De	btor 2	First Name	Middle Name	Last Name		
(Sp	ouse if, filing)	First Name	Middle Name	Last Name		
Un	ited States	Bankruptcy Court for the:	EASTERN DISTRICT OF	NEW YORK		
	se number				_	Check if this is an amended filing
		orm 107	Affairs for Indivi	duals Filing for E	Bankruptcv	4/19
Be info nur	as comple ormation. nber (if kn	te and accurate as possi If more space is needed, own). Answer every ques	ble. If two married people attach a separate sheet to	are filing together, both are this form. On the top of an	e equally responsible for su y additional pages, write yo	pplying correct
1.		our current marital statu		Lived Delote		
••	_ `					
	☐ Marı	ried married				
_						
2.	During tr	ne last 3 years, nave you	lived anywhere other than	where you live now?		
	■ No □ Yes.	List all of the places you I	ived in the last 3 years. Do n	ot include where you live no	N.	
	Debtor 1	Prior Address:	Dates Debtor 1 lived there	Debtor 2 Prior A	ddress:	Dates Debtor 2 lived there
3. stat					nity property state or territo Rico, Texas, Washington and	
	No					
	☐ Yes.	Make sure you fill out Sch	nedule H: Your Codebtors (O	fficial Form 106H).		
Pa	rt 2 Ex	plain the Sources of You	r Income			
4.	Fill in the	total amount of income yo	nployment or from operatir u received from all jobs and have income that you receiv	all businesses, including par		endar years?
	□ No ■ Yes.	Fill in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		y 1 of current year until filed for bankruptcy:	☐ Wages, commissions, bonuses, tips	\$35,000.00	☐ Wages, commissions, bonuses, tips	
			Operating a business		☐ Operating a business	

Official Form 107

Dailp Siligh		Cas	e number (# known) _		
	Debtor 1		Debtor 2		
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inco Check all that app		Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2018)	☐ Wages, commissions, bonuses, tips	\$42,000.00	☐ Wages, comm bonuses, tips	issions,	
	Operating a business		☐ Operating a but	usiness	
For the calendar year before that: (January 1 to December 31, 2017)	☐ Wages, commissions, bonuses, tips	\$42,000.00	☐ Wages, comm bonuses, tips	issions,	
	Operating a business		Operating a bu	usiness	
Include income regardless of whe and other public benefit payments winnings. If you are filing a joint of List each source and the gross included in the Section No Yes. Fill in the details.	s; pensions; rental income; inte ase and you have income that come from each source separa	rest; dividends; money collect you received together, list it c	ted from lawsuits; ro only once under Deb hat you listed in line	oyalties; and otor 1.	
	Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of inco Describe below.	me	Gross income (before deductions and exclusions)
From January 1 of current year unti the date you filed for bankruptcy:	il Rental Income	\$15,000.00			
For last calendar year: (January 1 to December 31, 2018)	Rental Income	\$17,000.00			
For the calendar year before that: (January 1 to December 31, 2017)	Rental Income	\$16,000.00			
Part 3: List Certain Payments Yo	u Made Before You Filed for	Bankruptcy			
6. Are either Debtor 1's or Debtor No. Neither Debtor 1 nor		er debts? umer debts. Consumer debt	s are defined in 11 L	J.S.C. § 101	(8) as "incurred by an
During the 90 days be ☐ No. Go to line	fore you filed for bankruptcy, d 7.	lid you pay any creditor a tota	I of \$6,825* or more	?	
paid that on not include	reach creditor to whom you pa creditor. Do not include payme e payments to an attorney for t	nts for domestic support oblig this bankruptcy case.	ations, such as child	d support ar	
_	ent on 4/01/22 and every 3 year		or after the date of a	adjustment.	
	or both have primarily const fore you filed for bankruptcy, d		I of \$600 or more?		
☐ No. Go to line	7.				
include pa	each creditor to whom you pa ayments for domestic support o or this bankruptcy case.				
Creditor's Name and Address	Dates of payme	ent Total amount	Amount you still owe	Was this p	ayment for

Debtor 1 Dalip Singh		Case number (if known)					
	Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this pa	yment for	
	NEWREZ 55 BEATTIE PLACE GREENVILLE, SC 29601	10/19, 9/19, 8/19	\$2,932.00	\$459,897.00	■ Mortgage □ Car □ Credit Ca □ Loan Rep □ Suppliers □ Other	rd ayment	
7.	Within 1 year before you filed for bankrup Insiders include your relatives; any general pof which you are an officer, director, person a business you operate as a sole proprietor. alimony.	partners; relatives of any ge in control, or owner of 20%	neral partners; partners or more of their votin	erships of which yog g securities; and a	ou are a genera iny managing ag	I partner; corporations gent, including one for	
	■ No□ Yes. List all payments to an insider.						
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment	
8.	Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.						
	☐ Yes. List all payments to an insider Insider's Name and Address	Dates of payment	Total amount	Amount you	Reason for	this payment	
9.	Within 1 year before you filed for bankrup List all such matters, including personal injur modifications, and contract disputes. No	otcy, were you a party in a					
	Yes. Fill in the details. Case title	Nature of the case	Court or agency		Status of the	e case	
10.	Within 1 year before you filed for bankrup Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below.		perty repossessed, t	foreclosed, garnis	shed, attached	, seized, or levied?	
	Creditor Name and Address	Describe the Property Explain what happene		Date		Value of the property	
11.	Within 90 days before you filed for bankru accounts or refuse to make a payment be No Yes. Fill in the details.		cluding a bank or fi	nancial institution	າ, set off any a	mounts from your	
	Creditor Name and Address	Describe the action th	e creditor took	Date takei	action was	Amount	
12.	Within 1 year before you filed for bankrup court-appointed receiver, a custodian, or ■ No □ Yes		erty in the possess	ion of an assigne	e for the bene	fit of creditors, a	

Der	otor 1 Dalip Singh		Case number	(If Known)			
Par	t 5: List Certain Gifts and Contributions						
13.	Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? ■ No □ Yes. Fill in the details for each gift.						
	Gifts with a total value of more than \$600 per person	Describe the gif	ts	Dates you gave the gifts	Value		
	Person to Whom You Gave the Gift and Address:						
14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No No						
	Yes. Fill in the details for each gift or co		arr agustullarista d	Detec	Value		
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Il Describe what y	ou contributed	Dates you contributed	Value		
Par	t 6: List Certain Losses						
15.	Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? ■ No □ Yes. Fill in the details.						
	how the loss occurred		coverage for the loss surance has paid. List pending 3 of Schedule A/B: Property.	Date of your loss	Value of property lost		
Par	t 7: List Certain Payments or Transfers						
16.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.						
	Yes. Fill in the details.						
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo	transferred	value of any property	Date payment or transfer was made	Amount of payment		
	Richard S. Feinsilver, Esq. One Old Country Road Suite 125 Carle Place, NY 11514 feinlawny@yahoo.com	Attorney Fees		11/2019	\$1,500.00		
17.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16.						
	■ No □ Yes. Fill in the details.						
	Person Who Was Paid Address	Description and transferred	value of any property	Date payment or transfer was made	Amount of payment		

Debtor 1 Dalip Singh Case number (if known)

18.	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other tha transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your propinclude gifts and transfers that you have already listed on this statement. No Yes. Fill in the details.						
	Person Who Received Transfer Address	Description and v property transferr		payme	ibe any property or ents received or debts n exchange	Date transfer was made	
	Person's relationship to you						
19.	(ithin 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of veneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details.					f which you are a	
	Name of trust Description and value of the property transferred			ferred	Date Transfer was		
		·		•		made	
Par	List of Certain Financial Accounts, Instru	ments, Safe Deposit	Boxes, and Sto	rage Units	s		
20	Within 1 year before you filed for hankruntey, w	vere any financial ac	counts or instru	ımante hal	ld in your name, or for you	ur hanafit clased	
20.	Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.						
	No	ions, and other iman	iolal ilistitutions	•			
	Yes. Fill in the details.						
		st 4 digits of count number	Type of accou	nt or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer	
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?						
	■ No □ Yes. Fill in the details.						
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, State and ZIP Code)		Describe t	the contents	Do you still have it?	
22.	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?						
	■ No □ Yes. Fill in the details.						
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	to it?		Describe t	the contents	Do you still have it?	
		Address (Number, Street, City, State and ZIP Code)					
Par	t 9: Identify Property You Hold or Control for	Someone Else					
23.							
	■ No □ Yes. Fill in the details.						
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe t	the property	Value	
Par	t 10: Give Details About Environmental Inform	,					
	the purpose of Part 10, the following definitions						
	Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or						

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

page 5

Debtor 1 Dalip Singh Case number (if known)

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes	or
regulations controlling the cleanup of these substances, wastes, or material.	

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

	hazardous material, pollutant, contaminant, or similar term.							
Report all notices, releases, and proceedings that you know about, regardless of when they occurred.								
24.	Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?							
	■ No							
	Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice				
25.	Have you notified any governmental unit of any release of hazardous material?							
	■ No □ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice				
26.	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.							
	■ No □ Yes. Fill in the details.							
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case				
Par	t 11: Give Details About Your Business or	Connections to Any Business						
27.	Within 4 years before you filed for bankrupt	cy, did you own a business or have ar	ny of the following connections to any	business?				
	■ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time							
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)							
	☐ A partner in a partnership							
	☐ An officer, director, or managing executive of a corporation							
	☐ An owner of at least 5% of the voting or equity securities of a corporation							
	□ No. None of the above applies. Go to Part 12.							
	Yes. Check all that apply above and fill in the details below for each business.							
	Business Name Address	Describe the nature of the business	Employer Identification number	umber er ITIN				
	(Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social Security number or ITIN. Dates business existed					
	Dalip Singh	Owner/Operator - NYC Taxi	EIN:					
	Ozone Park, NY 11417	Medallion	From-To 2014-Present					

Official Form 107

Debtor 1 Dalip Singh		ase number (if known)
28. Within 2 years before you filed for bankrup institutions, creditors, or other parties.	tcy, did you give a financial statement to	anyone about your business? Include all financial
<u> </u>		
No		
Yes. Fill in the details below.		
Name Address (Number, Street, City, State and ZIP Code)	Date Issued	
Part 12: Sign Below		
are true and correct. I understand that making a with a bankruptcy case can result in fines up to 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Dalip Singh Dalip Singh		obtaining money or property by fraud in connection ears, or both.
Signature of Debtor 1	· ·	
Date November 1, 2019	Date	
Did you attach additional pages to Your Statement No ☐ Yes	ent of Financial Affairs for Individuals Fili	ing for Bankruptcy (Official Form 107)?
Did you pay or agree to pay someone who is no ■ No	t an attorney to help you fill out bankrupt	cy forms?
☐ Yes. Name of Person Attach the Bankru	uptcy Petition Preparer's Notice, Declaration,	and Signature (Official Form 119).

Fill in this info	rmation to identify your	case:		
Debtor 1	Dalip Singh			
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	_
United States E	Bankruptcy Court for the:	EASTERN DISTR	ICT OF NEW YORK	_
Case number				
(if known)				☐ Check if this is an amended filing
Official F	orm 108			
Stateme	ent of Intentio	n for Indiv	riduals Filing Under Ch	apter 7 12/15
creditors ha you have lea You must file the		our property, or and the lease has no vithin 30 days after		
If two married		r in a joint case, bo	th are equally responsible for supplying co	rrect information. Both debtors must
	e and accurate as possib your name and case nui		needed, attach a separate sheet to this for	m. On the top of any additional pages,
Part 1: List	Your Creditors Who Hav	e Secured Claims		
1. For any cred	-	art 1 of Schedule D	: Creditors Who Have Claims Secured by P	roperty (Official Form 106D), fill in the
	creditor and the property t	hat is collateral	What do you intend to do with the proper secures a debt?	rty that Did you claim the property as exempt on Schedule C?
Creditor's	ASPIRE FCU		■ Surrender the property.	■ No

property securing debt:

NEWREZ

Description of NYC Taxi Medallion 6C86

☐ Surrender the property.

☐ Retain the property and redeem it.

☐ Retain the property and redeem it.

☐ Retain the property and enter into a

Reaffirmation Agreement.

☐ Retain the property and [explain]:

Retain the property and enter into a Reaffirmation Agreement.

☐ Retain the property and [explain]:

- Two Family Dwelling

Part 2: List Your Unexpired Personal Property Leases

87-15 Pitkin Avenue Ozone

Park, NY 11417 Queens County

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

☐ Yes

☐ No

Yes

Official Form 108

name:

Creditor's

Description of

securing debt:

name:

property

Statement of Intention for Individuals Filing Under Chapter 7

Case 1-19-46777-ess Doc 1 Filed 11/11/19 Entered 11/11/19 11:46:14

Debt	tor 1	Dalip Singh	Case number (if known)
Loon	or's na	omo:	п
		of leased	□ No
	erty:	1 01 100000	☐ Yes
Less	or's n	ame:	□ No
		n of leased	
Prop	erty:		☐ Yes
	or's n		□ No
Desc Prop		n of leased	Пм
Пор	orty.		☐ Yes
	or's n		□ No
Prop	•	n of leased	☐ Yes
			□ TeS
	or's n		□ No
Desc Prop		n of leased	Пм
тюр	city.		☐ Yes
Less	or's n	ame:	□ No
		n of leased	
Prop	erty:		☐ Yes
Less	or's n	ame:	□ No
		n of leased	
Prop	erty:		☐ Yes
Part	3:	Sign Below	
Unde prope	er pen erty th	alty of perjury, I declare that I have indicate hat is subject to an unexpired lease.	d my intention about any property of my estate that secures a debt and any personal
Х	/s/ D	alip Singh	X
		o Singh	Signature of Debtor 2
		ature of Debtor 1	
	Date	November 1, 2019	Date

Fill in this information to identify your case:			Che	eck one box only a	s directed in this form and	in Form
Debtor 1 Dalip Singh			122	2A-1Supp:		
Debtor 2 (Spouse, if filing)			[☐ 1. There is no p	resumption of abuse	
United States Bankruptcy Court for the: Eastern Di	strict of New Y	⁄ork	ľ	applies will b	on to determine if a presum e made under <i>Chapter 7 N</i> Official Form 122A-2).	
Case number			[☐ 3. The Means T	est does not apply now be	
					s an amended filing	· • • • • • • • • • • • • • • • • • • •
Official Form 122A - 1			'	D Officer if this is	s an amended ming	
	Curron	t Manthh	, Ina	omo		40/40
Chapter 7 Statement of Your	Curren	t wonthly	/ Inc	ome		10/19
Be as complete and accurate as possible. If two married attach a separate sheet to this form. Include the line number (if known). If you believe that you are exem qualifying military service, complete and file Statement of Part 1: Calculate Your Current Monthly Incom	nber to which the pted from a present from a present from the pterion from	ne additional infor esumption of abus	mation a	pplies. On the top on the se you do not have	f any additional pages, write primarily consumer debts or	your name and because of
1. What is your marital and filing status? Check	c one only.					
■ Not married. Fill out Column A, lines 2-11.						
☐ Married and your spouse is filing with you	u. Fill out both	Columns A and	R lings	2-11		
☐ Married and your spouse is NOT filing with				2-11.		
☐ Living in the same household and are r	•	•		lumns Δ and R line	ae 2-11	
☐ Living separately or are legally separat						declare under
penalty of perjury that you and your spou living apart for reasons that do not include	se are legally:	separated under	nonban	kruptcy law that ap	plies or that you and your	
Fill in the average monthly income that you received 101(10A). For example, if you are filing on September 15 the 6 months, add the income for all 6 months and divide spouses own the same rental property, put the income from	, the 6-month pe the total by 6. F	eriod would be Mare ill in the result. Do	ch 1 throu not includ	igh August 31. If the a	amount of your monthly income t more than once. For example	e varied during e, if both
				Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
2. Your gross wages, salary, tips, bonuses, over	ertime, and co	ommissions (be	fore all	\$ 3,500.00) \$	
payroll deductions). 3. Alimony and maintenance payments. Do not	include paymo	ents from a spou	se if		<u> </u>	
Column B is filled in.	morado payini	omo nom a opoa		\$ 0.00	<u> </u>	
4. All amounts from any source which are regular of you or your dependents, including child so from an unmarried partner, members of your hold and roommates. Include regular contributions from filled in. Do not include payments you listed on the filled in.	support. Include busehold, your om a spouse of	de regular contrib dependents, par	utions ents,	\$0.00	D \$	
5. Net income from operating a business, profe	ession, or fare					
	Φ.	Debtor 1				
Gross receipts (before all deductions)	\$ -\$	0.00				
Ordinary and necessary operating expenses	· -	0.00 Copy	hara ->	\$ 0.00) \$	
Net monthly income from a business, profession		Сору	nere ->	Φ	5	
6. Net income from rental and other real proper	ty	Debtor 1				
Gross receipts (hefore all deductions)	\$	1,500.00				
Gross receipts (before all deductions) Ordinary and necessary operating expenses	-\$	0.00				
Net monthly income from rental or other real	Ť		Сору			
property	\$	1,500.00	here ->	\$ 1,500.00	<u> </u>	
7 Interest, dividends, and royalties				\$ 0.00	\$	

Official Form 122A-1

Case number (if known)

					0.11		0 1 5	
					Column A Debtor 1		Column B Debtor 2 or non-filing sp	oouse
8.	Unemployn	nent compensation			\$	0.00	\$	
	the Social S	r the amount if you contend that the am ecurity Act. Instead, list it here:		nefit under				
	For you		\$	0.00				
	For your s	spouse	\$					
9.	benefit under not include a United State disability, or pay paid und does not exc	retirement income. Do not include an er the Social Security Act. Also, except any compensation, pension, pay, annuing Government in connection with a disable death of a member of the uniformed seder chapter 61 of title 10, then include to ceed the amount of retired pay to which der any provision of title 10 other than contents.	as stated in the next set ty, or allowance paid by ability, combat-related in ervices. If you received hat pay only to the exte I you would otherwise b	ntence, do the njury or any retired nt that it	\$	0.00	\$_	
10.	Do not inclureceived as domestic ter United State disability, or	m all other sources not listed above. de any benefits received under the Soc a victim of a war crime, a crime against rrorism; or compensation, pension, payers Government in connection with a distribution of a member of the uniformed sea separate page and put the total below	ial Security Act; payme t humanity, or internatio , annuity, or allowance p ability, combat-related in ervices. If necessary, lis	nts nal or paid by the njury or				
	·				\$	0.00	\$	
					\$	0.00	\$	
	Tot	tal amounts from separate pages, if any	' .	+	\$	0.00	\$	
11.		our total current monthly income. Acn. Then add the total for Column A to the		\$	5,000.00	+ \$ _		= \$ <u>5,000.00</u>
Part 12.		rmine Whether the Means Test Appli		s:				income
	12а. Сору у	rour total current monthly income from li	ine 11		Сор	y line 11 l	here=>	\$5,000.00
	Multiply	y by 12 (the number of months in a yea	r)				!	x 12
	12b. The res	sult is your annual income for this part of	of the form				12b.	\$60,000.00
13.		he median family income that applies		steps:			'	
	Fill in the sta	ate in which you live.	NY					
	Fill in the nu	ımber of people in your household.	1					
	To find a list	edian family income for your state and s t of applicable median income amounts . This list may also be available at the b	, go online using the lin		in the separa	ate instruc	13.	\$56,120.00_
14.	How do the	e lines compare?						
	14a. 🛚	Line 12b is less than or equal to line 15 Go to Part 3.	3. On the top of page 1,	, check box	1, There is	no presun	nption of abuse.	
	14b.	Line 12b is more than line 13. On the t Go to Part 3 and fill out Form 122A-2.	op of page 1, check bo	x 2, The pre	esumption o	f abuse is	determined by I	Form 122A-2.
art		Below						
	By sign	ning here, I declare under penalty of per	rjury that the information	n on this sta	atement and	in any atta	achments is true	e and correct.
	Dali Sign	Dalip Singh ip Singh lature of Debtor 1						

Dalip Singh

Debtor 1	Dalip Singh	Case number (if known)	
	MM / DD / YYYY		
If you checked line 14a, do NOT fill out or file Form 122A-2.			
	If you checked line 14b, fill out Form 122A-2 and file it with this form.		

Fill in this information to identify your case:	Check the appropriate box as directe	d in
Debtor 1 Dalip Singh	lines 40 or 42:	
Debtor 2	According to the calculations required by Statement:	y this
(Spouse, if filing)		
United States Bankruptcy Court for the: Eastern District of New York	■ 1. There is no presumption of abuse	
Case number	☐ 2. There is a presumption of abuse.	
(if known)		
Official Forms 400A 0	☐ Check if this is an amended filing	
Official Form 122A - 2		
Chapter 7 Means Test Calculation		04/19
To fill out this form, you will need your completed copy of Chapter 7 Stateme	nt of Your Current Monthly Income (Official Form 122A-1).	
Be as complete and accurate as possible. If two married people are filing togospace is needed, attach a separate sheet to this form, Include the line numbe additional pages, write your name and case number (if known). Part 1: Determine Your Adjusted Income		nore
1. Copy your total current monthly income. Copy line 11 fr	om Official Form 122A-1 here=> \$ 5,00	0.00
2. Did you fill out Column B in Part 1 of Form 122A-1?		
■ No. Fill in \$0 for the total on line 3.		
☐ Yes. Is your spouse Filing with you?		
□ No. Go to line 3.		
☐ Yes. Fill in \$0 for the total on line 3.		
Adjust your current monthly income by subtracting any part of your spondousehold expenses of you or your dependents. Follow these steps: On line 11, Column B of Form 122A–1, was any amount of the income you recommend.		
expenses of you or your dependents?	ported for your spouse NOT regularly used for the nouseriola	
■ No. Fill in 0 for the total on line 3.		
Yes. Fill in the information below:		
2 Too. Till in the information bolow.		
State each purpose for which the income was used	Fill in the amount you	
For example, the income is used to pay your spouse's tax debt or to support other than you or your dependents.	are subtracting from your spouse's income	
Support other than you or your dependents.	\$	
	Ψ	
	\$	
	\$	
T. (.)	\$ 0.00	
Total.	Ψ	
	Copy total here=> \$	0.00
4. Adjust your current monthly income. Subtract line 3 from line 1.	\$5,000.	00

Official Form 122A-2

Debtor 1	Dalip Singh		Case number	(if known)		
Part 2:	Calculate Your Deductions from Your Income					
to ar instr Ded your incor	Internal Revenue Service (IRS) issues National and Inswer the questions in lines 6-15. To find the IRS staructions for this form. This information may also be a fuct the expense amounts set out in lines 6-15 regardless actual expenses if they are higher than the standards. If me in line 3 and do not deduct any operating expenses the ur expenses differ from month to month, enter the average.	andards, go online available at the bar s of your actual expe Do not deduct any ar hat you subtracted f	using the link speci nkruptcy clerk's officence. In later parts of mounts that you subti	fied in the separate ce. the form, you will use so racted fro your spouse's	ome of	
Whe	enever this part of the from refers to you, it means both you	ou and your spouse	if Column B of Form	122A-1 is filled in.		
5.	The number of people used in determining your dec	ductions from inco	me			
	Fill in the number of people who could be claimed as explus the number of any additional dependents whom yo the number of people in your household.					
Nati	onal Standards You must use the IRS National	al Standards to ansv	ver the questions in li	nes 6-7.		
6.7.	Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, an Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The nur people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the additional contents of the contents of t	d other items. per of people you er mber of people is sp a higher IRS allowa	ntered in line 5 and th lit into two categories ance for health care o	e IRS National Standar people who are under	ds, fill in 65 and	727.00
Peo	ple who are under 65 years of age					
	7a. Out-of-pocket health care allowance per person	\$55.00	-			
	7b. Number of people who are under 65	X1				
	7c. Subtotal. Multiply line 7a by line 7b.	\$55.00	Copy here=	\$ <u>55.00</u>		
Peo	ple who are 65 years of age or older					
	7d. Out-of-pocket health care allowance per person	\$ 114.00	_			
	7e. Number of people who are 65 or older	X0				
	7f. Subtotal. Multiply line 7d by line 7e.	\$	Copy here=	-> +\$0.00		
	7g. T otal. Add line 7c and line 7f		\$55.00_	Copy total here=	> \$5	55.00

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Case number (if known)

Loc	al Sta	andards You must use the IRS Local Standards to answ	wer the qu	estions in line	s 8-15.				
Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:									
■ F	lousi	ng and utilities - Insurance and operating expenses							
■ F	lousi	ng and utilities - Mortgage or rent expenses							
To a	ınsw	er the questions in lines 8-9, use the U.S. Trustee Pro	gram cha	rt.					
		e chart, go online using the link specified in the separate it may also be available at the bankruptcy clerk's office.	instruction	ns for this form	l.				
8.		sing and utilities - Insurance and operating expenses e dollar amount listed for your county for insurance and o							614.00
9.	Hou	sing and utilities - Mortgage or rent expenses:							
	9a.	Using the number of people you entered in line 5, fill in the listed for your county for mortgage or rent expenses				\$	1,726.00		
	9b.	Total average monthly payment for all mortgages and oth	her debts	secured by yo	ur home.				
		To calculate the total average monthly payment, add all a contractually due to each secured creditor in the 60 months for bankruptcy. Then divide by 60.							
		Name of the creditor	Average payment						
		NEWREZ	\$	2,932.00					
		Total average monthly payment	\$	2,932.00	Copy here=>	-\$	2,932.00	Repeat this amount on line 33a.	
		• • • • • • • • • • • • • • • • • • • •						iii o ooa.	
	9c.	Net mortgage or rent expense.							
		Subtract line 9b (total average monthly payment) from lin or rent expense). If this amount is less than \$0, enter \$0.	•		\$	0.0	Copy here=>	\$	0.00
10.		u claim that the U.S. Trustee Program's division of the cts the calculation of your monthly expenses, fill in ar				j is incorr	ect and	\$	0.00
	Ex	olain why:							
11.	Loc	al transportation expenses: Check the number of vehicl	es for whi	ch you claim a	an ownershi	p or opera	ting expense.		
		. Go to line 14.							
	□ 1	. Go to line 12.							
	2 2	or more. Go to line 12.							
12.		icle operation expense: Using the IRS Local Standards ating expenses, fill in the Operating Costs that apply for y						\$	638.00

Dalip Singh

Debtor 1	Dalip Singh		Case number (if kn	own)		
13.	Vehicle ownership or lease expense: Using the IRS Local You may not claim the expense if you do not make any loan more than two vehicles.					
Vel	Describe Vehicle 1:					
13a.	Ownership or leasing costs using IRS Local Standard		\$	0.00		
13b.	Average monthly payment for all debts secured by Vehicle 1 Do not include costs for leased vehicles.					
	To calculate the average monthly payment here and on line are contractually due to each secured creditor in the 60 mon bankruptcy. Then divide by 60.		at			
	Name of each creditor for Vehicle 1	Average monthly payment				
	-NONE-	\$				
	Total Average Monthly Payment	\$0.00	Copy here => -\$	0	Repeat this amount on line 33b.	
	Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this amount is less than \$0 nicle 2 Describe Vehicle 2:	, enter \$0.	\$	0.00	Copy net Vehicle 1 expense here => \$	0.00
13d.	Ownership or leasing costs using IRS Local Standard		\$	0.00		
13e.	Average monthly payment for all debts secured by Vehicle 2 leased vehicles.	. Do not include costs fo	or			
	Name of each creditor for Vehicle 2	Average monthly payment				
	-NONE-	\$				
	Total Average Monthly Payment	\$0.00	Copy here => -\$	0.0	Repeat this amount on line 33c.	
13f.	Net Vehicle 2 ownership or lease expense Subtract line 13e from line 13d. if this amount is less than \$0	, enter \$0	\$	0.00	Copy net Vehicle 2 expense here => \$	0.00
14.	Public transportation expense: If you claimed 0 vehicles in Transportation expense allowance regardless of whether you			, fill in the	Public \$	0.00
	Additional public transportation expense: If you claimed also deduct a public transportation expense, you may fill in w not claim more than the IRS Local Standard for <i>Public Trans</i>	hat you believe is the a				0.00

Dalip Singh Case number (if known) Other Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories. 16. Taxes: The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. 250.00 Do not include real estate, sales, or use taxes. 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. 0.00 Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than 0.00 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. 0.00 Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. **Education:** The total monthly amount that you pay for education that is either required: as a condition for your job, or 0.00 for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. 0.00 Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. 0.00 Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment 0.00 expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. 2.284.00 24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23.

Dalip Singh Debtor 1 Case number (if known) Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance 0.00 0.00 Disability insurance 0.00 Health savings account 0.00 0.00 Total Do you actually spend this total amount? No. How much do you actually spend? 26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may 0.00 include contributions to an account of a qualified ABLE program. 26 U.S.C.§ 529A(b). 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. 0.00 By law, the court must keep the nature of these expenses confidential. 28. Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs. You must give your case trustee documentation of your actual expenses, and you must show that the additional 0.00 amount claimed is reasonable and necessary. 29. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$170.83* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23. 0.00 * Subject to adjustment on 4/01/22, and every 3 years after that for cases begun on or after the date of adjustment. 30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. 0.00 You must show that the additional amount claimed is reasonable and necessary. 31. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial 40.00 instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2). 40.00 32. Add all of the additional expense deductions. \$

Add lines 25 through 31.

Case number (if known)

Dedu	ictions for	Debt Payment								
		•	est in property that you own, including hor	ne moi	rtgages, ve	hicle				
		other secured debt, fill in l	-							
			ayment, add all amounts that are contractually r bankruptcy. Then divide by 60.	due to	each secu	red				
	Mortgag	es on your home:						Averag payme	ge monthly ent	
33a.	Copy line	e 9b here					=>	\$	2,932.00	D
		n your first two vehicles:								
33b.	Copy line	e 13b here					.=>	\$	0.00	0
33c.	Copy line	e 13e here					.=>	\$	0.00	<u>D</u>
33d.		r secured debts:								
Name	of each cre	ditor for other secured debt	Identify property that secures the debt		inclu	paymer de taxes ance?				
						No				
	-NONE-					Yes		\$		
								· —		_
						No				
					_ □	Yes		\$		_
						No				
						Yes		- \$		
								· —		_
22-	Tatal aver		lines 22n through 22nd	•	2 0	32.00	Cop tota	ĺ	2 022 0	00
33e.	rotai aver	rage monthly payment. Add	lines 33a through 33d	\$_	2,3	32.00	here	=> \$	2,932.0	<i>.</i>
0	r other pro No. Go Yes. St	pperty necessary for your so to line 35. ate any amount that you mu	3 secured by your primary residence, a veh support or the support of your dependents st pay to a creditor, in addition to the payment	? s						
		ted in line 33, to keep posse ext, divide by 60 and fill in th	ession of your property (called the <i>cure amoun</i> e information below.	<i>t</i>).						
Nam	ne of the cre	ditor	Identify property that secures the debt		Total cu amount				onthly cure nount	
-NC	ONE-				\$		÷ 60 =	\$		
							\neg			
			_			0.00	Cop	ĺ.,	,	0.0
			10	tal \$_		0.00	here	=> \$		0.0
	•	, ,	as a priority tax, child support, or alimony - our bankruptcy case? 11 U.S.C. § 507.	that						
	■ No. Go	o to line 36.								
	Yes. Fil	ll in the total amount of all of	these priority claims. Do not include current o	r						
	on	ngoing priority claims, such a	is those you listed in line 19.							

Dalip Singh

Debtor 1	Dalip	Singh		Ca	se n	umber (if known)
F	or more	eligible to file a case under Chapter 13? 11 U.S.C. § information, go online using the link for Bankruptcy Bases for this form. Bankruptcy Basics may also be available	ics speci			
	No.	Go to line 37.				
_	- 110.	Fill in the following information.				
		Projected monthly plan payment if you were filing unde	r Chapte	r 13	\$	
		Current multiplier for your district as stated on the list is Administrative Office of the United States Courts (for diand North Carolina) or by the Executive Office for Unite (for all other districts).	stricts in	Alabama	X	
		To find a list of district multipliers that includes your dis the link specified in the separate instructions for this for be available at the bankruptcy clerk's office.				Copy total
		Average monthly administrative expense if you were fil	ing under	Chapter 13		\$ here=> \$
		of the deductions for debt payment. s 33e through 36.				\$
Total	Deduc	tions from Income				
38. A	dd all d	f the allowed deductions.				
		e 24, All of the expenses allowed under IRS a allowances	\$	2,284.0	0	
		e 32, All of the additional expense deductions	\$	40.0	0	
		e 37, All of the deductions for debt payment	+\$	2,932.0	0	
		Total deductions	\$	5,256.0	0	Copy total here=> \$ 5,256.00
Part 3:	Det	ermine Whether There is a Presumption of Abuse				_
39. C	alculate	e monthly disposable income for 60 months				
;	39a. Co	py line 4, adjusted current monthly income	\$	5,000.0	0	
;	39b. Co	py line 38, <i>Total deductions</i>	- \$	5,256.0	0_	
;		nthly disposable income. 11 U.S.C. § 707(b)(2). btract line 39b from line 39a	\$	-256.0	0	Copy here=>\$ -256.00
ı	For the	next 60 months (5 years)				x 60
;	39d. To	tal. Multiply line 39c by 60	39	9d. \$	-1	5,360.00 Copy
40. F i	ind out	whether there is a presumption of abuse. Check the	box that	applies:		
	The I	ine 39d is less than \$8,175*. On the top of page 1 of th	is form, o	check box 1, Th	nere	is no presumption of abuse. Go to Part 5.
		ine 39d is more than \$13,650*. On the top of page 1 of if you claim special circumstances. Go to Part 5.	this form	n, check box 2,	The	ere is a presumption of abuse. You may fill out
] The I	ine 39d is at least \$8,175*, but not more than \$13,650)*. Go to	line 41.		
		to adjustment on 4/01/22, and every 3 years after that fo			the	date of adjustment.

btor 1	Dalip Singh		Case number (if known)			
41.	41a.	Fill in the amount of your total nonpriority unsecured debt. If you fill A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 106Sum), you may refer to line 3b on that form	tion			
	41b.	25% or your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(
25	% of y	ne whether the income you have left over after subtracting all allowed our unsecured, nonpriority debt. e box that applies:	deductions is enough to pay			
		39d is less than line 41b. On the top of page 1 of this form, check box 1 Part 5.	There is no presumption of abuse.			
		39d is equal to or more than line 41b. On the top of page 1 of this form <i>imption of abuse.</i> You may fill out Part 4 if you claim special circumstance				
art 4:	Giv	e Details About Special Circumstances				
		re any special circumstances that justify additional expenses or adjusternative? 11 U.S.C. § 707(b)(2)(B).	stments of current monthly income for which	n there is n		
	lo. Go	to Part 5.				
□ Y		in the following information. All figures should reflect your average month m. You may include expenses you listed in line 25.	y expense or income adjustment for each			
	ne	You must give a detailed explanation of the special circumstances that make the expenses or income adjustments necessary and reasonable. You must also give your case trustee documentation of your actual expenses or income adjustments.				
	G	ive a detailed explanation of the special circumstances	Average monthly expense or income adjustment			
	_		\$			
	_		\$			
	_		\$			
	_		\$			
art 5:	Sig	n Below				
S. 12 - C.	_	gning here, I declare under penalty of perjury that the information on this s	tatement and in any attachments is true and co	rect.		
	X /s/	Dalip Singh				
	Da	lip Singh				
Da		pnature of Debtor 1 pvember 1, 2019				
	M	M/DD/YYYY				

	Dalip Singh	Case number (if known)
--	-------------	------------------------

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 05/01/2019 to 10/31/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employment

Constant income of \$3,500.00 per month.

Line 6 - Rent and other real property income

Source of Income: Rental Income

Constant income of __1,500.00 per month.

Constant expense of __0.00 per month.

Net Income __1,500.00 per month.

B2030 (Form 2030) (12/15)

United States Rankruntey Court

		States Bankruptcy C ern District of New Yor				
In re	Dalip Singh		Case No.			
		Debtor(s)	Chapter	7		
	DISCLOSURE OF COMPEN	NSATION OF ATTO	RNEY FOR DI	EBTOR(S)		
(Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:					
	For legal services, I have agreed to accept		\$	1,500.00		
	Prior to the filing of this statement I have received			1,500.00		
	Balance Due		\$	0.00		
2. 7	The source of the compensation paid to me was:					
	■ Debtor □ Other (specify):					
3. 7.	The source of compensation to be paid to me is:					
	■ Debtor □ Other (specify):					
4.	■ I have not agreed to share the above-disclosed comp	ensation with any other persor	n unless they are mem	bers and associates of my law firm.		
	☐ I have agreed to share the above-disclosed compensations copy of the agreement, together with a list of the narrangement. In return for the above-disclosed fee, I have agreed to re	mes of the people sharing in the	e compensation is atta	ached.		
a l	a. Analysis of the debtor's financial situation, and rende b. Preparation and filing of any petition, schedules, state c. Representation of the debtor at the meeting of creditor d. [Other provisions as needed] Negotiations with secured creditors to re reaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on hor	ering advice to the debtor in de ement of affairs and plan which ors and confirmation hearing, a educe to market value; ex ens as needed; preparation	termining whether to h may be required; and any adjourned hea	file a petition in bankruptcy; urings thereof; preparation and filing of		
5. I	By agreement with the debtor(s), the above-disclosed fee Representation of the debtors in any dis any other adversary proceeding.			es, relief from stay actions or		
		CERTIFICATION				
	certify that the foregoing is a complete statement of any ankruptcy proceeding.	y agreement or arrangement fo	or payment to me for r	epresentation of the debtor(s) in		
N	ovember 1, 2019	/s/ Richard S. Fe				
	ate	Richard S. Feins Signature of Attorn Richard S. Feins One Old Country Suite 125 Carle Place, NY 516-873-6330 Feinlawny@yaho Name of law firm	silver ey silver, Esq. y Road 11514 ax: 516-873-6183			

United States Bankruptcy Court Eastern District of New York

In re	Dalip Singh			Case No.	
		Debtor(s)	Chapter	7	

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

516-873-6330 Fax: 516-873-6183

USBC-44 Rev. 9/17/98

ASPIRE FCU 67 WALNUT STREET SUITE 401 CLARK, NJ 07066

CAPITAL ONE BOX 30281 SALT LAKE CITY, UT 84130

CITI CARDS PO BOX 6241 SIOUX FALLS, SD 57117

CITIZENS BANK 1000 LAFAYETTE BLVD BRIDGEPORT, CT 06604

CREDIT ONE BOX 98873 LAS VEGAS, NV 89193

NEWREZ 55 BEATTIE PLACE GREENVILLE, SC 29601

OLIO BOX 9222 OLD BETHPAGE, NY 11804

PHH MORTGAGE BOX 5452 MT LAUREL, NJ 08054

SIGNATURE FINANCIAL 225 BROADHOLLOW ROAD SUITE 132W MELVILLE, NY 11747

TD BANK
32 CHESTNUT STREET
LEWISTON, ME 04240

WEBBANK 215 SOUTH STATE STREET SALT LAKE CITY, UT 84111 Case 1-19-46777-ess Doc 1 Filed 11/11/19 Entered 11/11/19 11:46:14

WINDELS MARX 156 WEST 56TH STREET NY, NY 10019